

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213509959				
1.) CORPORATION NAME: QBE Reinsurance Corporation						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060		DUE DATE: 2/28/2013 SCC ID NO: F0379802 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>250,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	250,000
CLASS	AUTHORIZED					
COMMON	250,000					
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY						
4.) STATE OR COUNTRY OF INCORPORATION: PA						
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: WALL STREET PLAZA 88 PINE STREET-16TH FLOOR CITY/ST/ZIP: NEW YORK, NY 10005-1801 </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: JOHN RUMPLER TITLE: PRESIDENT ADDRESS: WALL STREET PLAZA 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
NAME: PETER MALONEY TITLE: SECRETARY ADDRESS: WALL STREET PLAZA 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					
NAME: JODIE L BURTNETT TITLE: ASST SECRETARY ADDRESS: ONE GENERAL DRIVE CITY/ST/ZIP/CO: SUN PRAIRIE, WI 53596	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					
NAME: Joanna Colaneri TITLE: TREASURER ADDRESS: WALL STREET PLAZA 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					
NAME: HARVEY BAZAAR TITLE: DIRECTOR ADDRESS: WALL STREET PLAZA 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
NAME: GREGORY DEAL TITLE: DIRECTOR ADDRESS: 7333 SUNWOOD DRIVE CITY/ST/ZIP/CO: RAMSEY, MN 55303	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROD FARRELL DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER FISH DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC METCALF DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN NEAL DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY PRZYBYSZEWSKI DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE SCALA DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christopher Davies DIRECTOR 210 Interstate N Parkway S.E. Atlanta, GA 30339	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sue Harnett DIRECTOR Wall Street Plaza 88 Pine Street New York, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Langione DIRECTOR Wall Street Plaza 88 Pine Street New York, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JODIE L BURTNETT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JODIE L BURTNETT, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	2/26/2013 DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.